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## CERTIFICATE OF FACSIMILE PURSUANT TO 37 C.F.R. § 1.8

I hereby certify that this Reply and Amendment along with the Terminal Disclaimer are being transmitted via facsimile to the United States Patent and Trademark Office at (571) 273-8300 and is addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date: February 14, 2006

By:

*Deborah A. Mia*PATENTIN THE UNITED STATES PATENT AND  
TRADEMARK OFFICE

Applicant:	Kishore Tipimani	Docket No.:	40500.0117
Serial No.:	10/779,892	Group Art Unit:	3738
Filing Date:	February 17, 2004	Examiner:	Robert W. Amareld, Jr.
Title:	SYSTEM AND METHOD FOR FIXATION OF BONE FRACTURES	Confirmation No:	9636

REPLY AND AMENDMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Arlington, VA 22313-1450

Dear Commissioner:

In reply to the Office Action dated November 16, 2005, wherein this Reply is timely filed within the three-month shortened statutory period for reply, please consider the following amendments and remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.

Serial No. 10/779,892  
Docket No. 40500.0117

Dependent claims 22-23 variously depend from independent claim 11, so Applicant asserts that claims 22-23 are differentiated from the cited references for the same reasons as set forth above, as well as in view of their own respective features.

The Examiner next asserts that claims 1, 8 and 9 are rejected on the ground of non-statutory obviousness-type double patenting as being unpatentable over claim 1 of U.S. Patent No. 6,736,819. Applicant respectfully traverses this rejection; however, to expedite prosecution, Applicant files herewith an appropriate Terminal Disclaimer.

The Examiner next asserts that claims 17 and 19 are rejected on the ground of non-statutory obviousness-type double patenting as being unpatentable over claim 2 of U.S. Patent No. 6,736,819. Applicant respectfully traverses this rejection; however, to expedite prosecution, Applicant files herewith an appropriate Terminal Disclaimer.

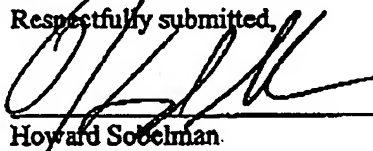
New dependent claims 25-26 variously depend from independent claim 1, so Applicant asserts that claims 25-26 are differentiated from the cited references for the same reasons as set forth above, as well as in view of their own respective features.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 19-2814. Specifically, but not limited to:

Terminal Disclaimer Fee (37 CFR 1.20(d))	\$65.00
Two new dependent claims (37 CFR 1.16(i))	\$50.00

Based on the foregoing remarks and amendments, Applicant respectfully submits that the present application is in condition for allowance, and earnestly solicits a Notice of Allowance at the Examiner's earliest convenience. The Examiner is invited to telephone the undersigned if such would advance prosecution of this application in any way.

Respectfully submitted,

  
Howard Sobelman  
Reg. No. 39,038

Dated: February 14, 2005

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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10779892  
40500.0117

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	24	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20 =	4
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

2-1406

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 26	Minus ** 24	= 2
Independent	* 4	Minus *** 4	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=	50.00	OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE	50.00	OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	